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Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085568 (2)

1. Corporation Name
MARTIN CHAUFFE TECHNOLOGY, INC.



Principal Place of Business: 10518 MANASSAS CIRCLE, ORLANDO FL 32821, US
Mailing Address: P.O. BOX 551, ORLANDO FL 32802-0551

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 7208 Hawksnest Blvd, Suite, Apt. #, etc.
2a. Mailing Address: 26 7208 Hawksnest Blvd, Suite, Apt. #, etc.

4. FEI Number: 59-3212374
Applied For: Not Applicable

22. City & State: Orlando, FL
27. City & State: Orlando, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 32835, Country: U.S.
29. Zip: 32835, Country: U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent: MARTIN, JASPER R, 7283 HAWKSNES, ORLANDO FL 32835

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CHAUFFE, ROBERT P	1.1 TITLE	D. Robert P. Chauffe
NAME	10518 MANASSAS CIRCLE	1.2 NAME	7208 Hawksnest Blvd.
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	Orlando, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MARTIN, JASPER R	2.1 TITLE	
NAME	7283 HAWKSNES	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert P. Chauffe
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
3-1-97
Date
407-522-6223
Daytime Phone #

CR2E034 (9/96)